

provinces to function with a fine health delivery system when that type of situation is forced upon them?

Let us look at the changes in our entire lifestyle, in our aging processes and in our youth today. Geriatric disorders are relatively new on the medical scene, and more and more I find—

An hon. Member: Make a valid criticism.

Some hon. Members: Oh, oh!

Mr. Brisco: Mr. Speaker, I am waiting for the rabble to stop rabbling.

Some hon. Members: Hear, hear!

Mr. Brisco: I would not mind if they were contributing something constructive, but most of their contribution is destructive or ineffective.

When I was so rudely interrupted I was speaking about geriatric problems and the increasing number of geriatric physicians or specialists who are now on the medical scene. I am sure many here have experienced the very sad and unfortunate situation of aging parents who must be placed in nursing homes. We find that the nursing home type facility is very costly in many cases. They are being constructed in increasing numbers because there is a demand. Why is there this demand? There is a very simple reason. There are more and more old people. Perhaps we will hear an inane complaint from the other side of the House that physicians are being too effective and that they are curing too many people so that people now live too long. It would not surprise me to hear that comment.

One of the other effects upon the provinces is that of the health delivery systems which they would like to develop, improve, and advance, the community clinics, where a variety of health disciplines can work in harmony and unity for the better health care of Canadians. Another effect is the utilization of further training of the paramedics in ambulance service. Let us give credit where credit is due. In British Columbia the New Democratic Party government did a fine job in developing a better ambulance system than the province ever had, but it could still be improved by having qualified paramedics working in harmony with community clinics and hospitals.

● (2140)

All of these things cost money, of course, and who is going to pay? Will it be the provinces, the federal government, or will it be a 50-50 cost-sharing agreement with this government honouring the agreements it laid down when it obliged the provinces to participate in the health delivery system?

I have indicated that there are probably two ways in which the individual would be affected; either through a deterrent fee established by the provincial medicare system, or by increased taxation at the provincial level. If it were the deterrent fee it is probable that the poor pensioner and all the poor would be affected because it is they who are most often ill. What would the deterrent do to those patients, and to dedicated physicians such as those in my riding?

Medical Care Act

A physician in my riding was told that he would have to cut out house calls because of the cost to medicare. The official in Vancouver who was telling him this was out of touch with reality. If he had looked up the record of every physician in Kootenay West he would have seen that they are dedicated enough that they work late into the night on house calls. It seems we mostly find this sort of dedication in rural areas nowadays; there is an occasional physician who is prepared to see his patients after hours.

Mr. Alexander: Don't forget M.P.s.

Some hon. Members: Hear, hear!

Mr. Brisco: Yes, we are another dedicated lot. In the past I have had an opportunity to visit one or two universities where medical research is taking place. In talking to the researchers one of the biggest concerns is that they are perhaps four or five years into a project when it grinds to a halt because of the government's policies. Research projects have been cut. What kind of an effect would it have on a member who has been saving for years to buy a home, who has accumulated several thousands of dollars and is ready to purchase the home, when overnight the cost doubles due to the stock market, or somehow the money is lost? Just think of the frustration of those researchers who have worked for three or four years on a project which would only take another year or two to complete, and then they see the whole thing grind to a halt because of this insensitive government.

What is wrong with the government that it would rather deal by frustration than consultation? In the question period when asked to cut spending the reply often is, "Would you like us to cut health costs? Is that what you have in mind? Tell the public you have asked us to cut health costs." Mr. Speaker, we do not have to ask the government to cut health costs; it does not need any urging from us and it does not understand where priorities are. It does not recognize the sincere concern of members on this side that the health of Canadians be of paramount importance.

I had an opportunity to express my concern and that of my constituents on the two occasions I have spoken on this bill. The determination expressed by members on this side indicates that I shall probably have another opportunity, as they will too. I should like to conclude my remarks now, and indicate that I will welcome the opportunity at any time to speak on Bill C-68, the brain child of the Liberal government.

Mr. Yewchuk: On a point of order, Mr. Speaker, I wonder if the hon. member would permit a question.

Mr. Brisco: Mr. Speaker, I do not know how qualified I am to reply, but I shall try.

Mr. Yewchuk: As the hon. member is a prominent member of the executive of the Canadian Chiropractic Association I wonder if he could inform the House what effect this bill will have on his profession. Certainly it will be affected, but no one has explained how.

Mr. Brisco: Mr. Speaker, I have studiously avoided mentioning my own profession because I do not think it a good idea to grind one's own axe in this House. If I were to